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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

1110033000-7

First Named Inventor

SHANNON LYNN FARRELL

COMPLETE IF KNOWN

Application Number

Filing Date

12/09/03

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A MIXTURE OF AND METHOD OF MAKING A TRANCUTANEOUS PAIN RELIEF
COMPOSITION***(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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PTO/SB/81 (08-03)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	12/1/03
	First Named Inventor	SHANNON LYNN FARRELL
	Title	A MIXTURE AND METHOD OF MAKING
	Firm/Unit	
	Examiner Name	
Attorney Docket Number	111003300-7	

I hereby appoint _____

☐ Practitioner associated with the Customer Number: _____

OR

☒ Practitioner(s) named below:

Name	Registration Number
JAMES E. FARRIS	51,135

as my/our attorney(ies) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office concerning the same.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number: _____

OR

☒ **APPLICANT**

Name		JAMES E. FARRIS	
Address			
City	HAILEY	State	IDAHO
Country	U.S.		
Telephone	208/726-9120	Fax	208/726-8021

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF Applicant or Assignee of Record

Name	SHANNON LYNN FARRELL
Signature	<i>Shannon Lynn Farrell</i>
Date	12/9/03

NOTE: Signatures of all Inventors or assignees of record of the entire interest are required, but not necessarily in duplicate. Submit multiple forms if the signature is required, but not in duplicate.

☒ *Total of 2 forms are submitted.

Use of this form is optional. It is not required to use this form to file an application. However, it is recommended that you use this form to file an application. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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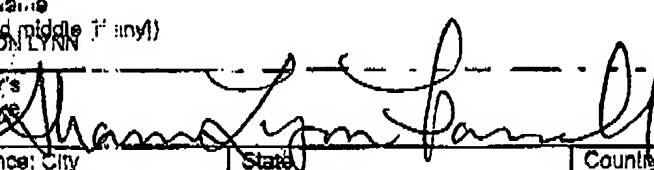
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer number:		<input type="checkbox"/>	
Name JAMES E. PARRIS					
Address P.O. BOX 233					
City HAILEY		State IDAHO		ZIP 83333	
Country U.S.		Telephone 208 263 2100		Fax 208 263 2100	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:					
Given Name (first and middle if any) SHANNON LYNN			Family Name or Surname PARRIS		
Inventor's Signature 				Date 12/08/03	
Residence: City REDONDO BEACH		State CALIFORNIA		Country U.S.	
Mailing Address City REDONDO BEACH		State CALIFORNIA		Country U.S.	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor:			
Given Name (first and middle if any)			Family Name or Surname		
Inventor's Signature [Blank]				Date	
Residence: City		State		Country	
City		CALIFORNIA		U.S.	
Mailing Address City		State		Country	
REDONDO BEACH		CALIFORNIA		U.S.	
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor:			
Given Name (first and middle if any)			Family Name or Surname		
Inventor's Signature [Blank]				Date	
Residence: City		State		Country	
City		CALIFORNIA		U.S.	
Mailing Address City		State		Country	
REDONDO BEACH		CALIFORNIA		U.S.	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02UK attached hereto.					